

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: James R. Miller

Application No.: 10/501,639

Group: 3765

Filed: April 13, 2005

Examiner: Tajash D. Patel

Confirmation No: 2479

For: Forelimb Brace Device

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is Amendment for filing in the above-identified application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.
- ☐ A Small Entity Statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

The claims fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	16	MINUS	* 20	0
INDEP	1	MINUS	** 3	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

SMALL ENTITY

	RATE	ADDIT. FEE
X	\$ 26	\$ 0
X	\$110	\$ 0
+	\$195	\$ 0

TOTAL = \$ 0

OR

OTHER THAN
SMALL ENTITY

	RATE	ADDIT. FEE
X	\$52	\$
X	\$220	\$
+	\$390	\$

TOTAL = \$ 0

* not fewer than 20
 ** not fewer than 3

The Application Size Fee has been calculated as shown below:

(Effective for cases filed on or after December 8, 2004)

Actual Sheets (Including current amendment)	Highest No. of Sheets Paid For (At least 100)	No. of Additional Units Required (Increments of 50 sheets)
26	100	0

SMALL ENTITY

Rate	Total Amount Owed
X \$135	\$0

OTHER THAN
SMALL ENTITY

Rate	Total Amount Owed
X \$270	\$[]

Payment Sufficient for up to
100 Sheets

Petition for Extension of Time

- ☒ Applicant hereby petitions to extend the time to respond to the Office Action dated June 23, 2008 for 2 month(s) from September 23, 2008 to November 23, 2008. The appropriate fee is set forth below.
- ☐ [For action-specific language in an extension of time, select the appropriate option from the Firm Templates]

Please charge Deposit Account No. 08-0380 for the following fees:

<input checked="" type="checkbox"/>	Petition for 2 month Extension of Time	\$ 245
<input type="checkbox"/>	Claims Fee	\$ _____
<input type="checkbox"/>	Application Size Fee	\$ _____
<input type="checkbox"/>	Other Fees:	_____
		\$ _____
		\$ _____
		\$ _____
	TOTAL:	\$ 245

A check is enclosed in payment of the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$ _____
<input type="checkbox"/>	Claims Fee	\$ _____
<input type="checkbox"/>	Application Size Fee	\$ _____
<input type="checkbox"/>	Other Fees:	_____
		\$ _____
		\$ _____
		\$ _____
	TOTAL:	\$ _____

- ☒ Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By /James M. Smith Reg. 28,043/

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Dated: 11/21/08